SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000576 (6)

BNY TAMPA, INC.

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							JEAN GOIFI BU	(D) D)()) (8)	818 6111 18 DE
470 MAMARONE WHITE PLAINS		470 MAMARONECK AVE. WHITE PLAINS NY 10805			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	3a. Dat		1 Report	
						02/05/1996	•••	o Laoi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 59-330	498	Π	Applied For
21 1401	E. MAR RUCE	26 PO BOX	816]		APPLIED FOR 7			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27			····				Required
City & State	BA EL	City & State	· · · · · · · · · · · · · · · · · · ·		<u> 129</u>	Election Campalgn Financing Trust Fund Contribution		Adde	00 May Be ed to Fees
Zip 24 3361		29 10519		intry	24·	This corporation owes or has pa Personal Property Tax due June	30.	Yes	Intangible No
	9. Name and Address of Current	Registered Agent		81 1		10. Name and Address of New Re	istered A	gent	
AL CORPORATE SERVICES, INC.					Name				
4435 OLD WINTER GARDEN RD. ORLANDO FL 32802					Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
									———
				83		·			
				84 (City		FI	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the al	bove-n	amed corpo	pration submits this statement for the p	urpose of	changing	g its registered
office or r agent. I a	egistered agent, or both, in the State of marmiliar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Florida	authorize orida Stat	d by th tutes	e corporatio	on's board of directors. I hereby accep	t the appo	intment a	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	f : Hegistere	d Apent i	ignature regulre	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 T/	TLE				Change	e Addition
NAME	PEDLOW, ROBERT		1.2 N/	AME					:
STREET ADDRESS	470 MAMARONECK AVE.		1.3 \$1	TREET AD	DRESS				
CITY-ST-ZIP				ITY-ST-Z	(P			-	
TITLE	-		2.1 Ti				ι	Change	e L. Addition
NAME			2.2 N/						
STREET ADDRESS				TREET AD					
CITY-ST-ZIP TITLE		DELETE	2. 4 C	TY-ST-	ZIP			Change	e
NAME			3.2 NA				,	A.	
STREET ADDRESS				TREET AD	DRESS				
CITY-ST-ZIP				ITY-ST-					
TITLE		DELETE	4.1 10		-"			Change	e Addition
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 ST	TREET AD	DRESS				-
CITY-ST-ZIP			4.4 CI	TY-ST-Z	TIP				
TITLE		☐ DELETE	5.1 Ti	TLE				Change	e Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S1	iree1 ad	DRESS				
CITY-ST-ZIP			5.4 CI	TY - ST - Z	IP.				
TITLE		DELETE	6.1 T	TLE			[Change	e 🔲 Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 ST	TREET AD	DRESS				
CITY-ST-ZIP				TY-ST-Z					
14. I do berel	by cartify that the information supplied	with this filing does not qualif	v for the	evemi	beteta norto	in Section 119.07(3)(i). Florida Statute:	 I turther 	certify to	at the

quanty for the exemption stated in social first. 07(3)(i), notice statutes, from the termy that the first rue of is true and accurate and that my signature shall have the same legal effect as if made under oath; that appropriate to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual reports a supplemental annual I am an officer or director of the corporation of the receiver or trust appears in Block 12 or Block 13 if changed an in a large amen we

G/1/91

9(4-726-7221)